

Conference Overview

Saturday, February 24, 2007

7:00 – 7:45 A.M.	Pre-Conference Registration			
7:45 A.M. – 5:15 P.M.	Genetics Course	Surgical Management of Breast Disease (7:45 am–6 p.m.)	Grant Writing and Award Course (8–noon)	CBE Course (8–5:30)
5:30 P.M.	Reception & Networking			

Sunday, February 25, 2007

7:45 A.M. – 12:15 P.M.	Continued from Saturday – Genetics Course	Continued from Saturday (8 a.m. – 12 Noon) Clinical Breast Evaluation Course with Clinical Breast Examiner Certification
12:00 – 7:00 P.M.	CONFERENCE REGISTRATION	
12:00 – 2:00 P.M.	RECEPTION WITH VENDORES	
2:00 – 2:10 P.M.	Introduction and Opening Presidential Address	
2:10 – 2:15 P.M.	Conference Logistics	
2:15 – 3:05 P.M.	Models of CAM Research in Breast Cancer — Tripathy	
3:05 – 3:55 P.M.	Imaging to Treatment Plan—Multi/Interdisciplinary Interaction — Linver, Masood and Bell	
3:55 – 4:45 P.M.	Health or Harm: The Impact of Hormone Replacement Therapy — Chlebowski	
4:45 – 5:35 P.M.	Preventing Breast Cancer: Raloxifene, Tamoxifen and Aromatase Inhibitors: The Role of Hormones in Managing Breast Cancer Risk — Vogel	
5:35– 6:25 P.M.	Physician as Patient: The Journey from Breast Cancer Survivor to New Mother — Duffy	
6:25 – 7:30 P.M.	Special Reception with Posters and Abstract Authors - Dizon	
7:30 P.M.	Conference Ends For The Day	

Monday, February 26, 2007

7:00 A.M.	BREAKFAST and CONFERENCE REGISTRATION CONTINUED			
7:00 – 7:45 A.M.	Time to Visit Vendors and View Posters on Display			
7:45 – 7:50 A.M.	Introduction/Opening Comments — Parikh			
7:50 – 8:00 A.M.	Oral Poster Presentation — Dizon			
8:00 – 8:30 A.M.	Is the Molecular Era of Breast Cancer Treatment Upon Us? — Shriver			
8:30 – 9:50 A.M.	Risk Management: Risk Management in Breast Cancer Evaluation with Case Examples: Going Up the Creek and Keeping Your Paddle — Brenner Case Illustrations — Argy			
9:50 – 10:00 A.M.	IMPACT AWARD PRESENTATION — Parikh			
10:00 – 10:45 A.M.	BREAK TIME with VENDORS in EXHIBIT HALL			
	RT Track	RN Track	Clinical Track	Administration Track
10:45 – 11:35 A.M.	Take Me On The Journey: Film To Filmless — Macarol and Pilat	Introduction to Breast Pathology — Lawton	Breast Imaging and Pathology Case Studies— Linver and Parikh	Community Advisory Council & Creative Community Outreach — Learn What Works - C. Lee
11:35 – 12:25 P.M.	There Is Not An "I" In Team But There Is A "U" In Quality — Jago	Physical Assessment Fascinomas – Neblock	ACPN: Towards the Definition, Standardization, Application & Evaluation of the ACPN Model — N. Lee and V. Thomas	Surgical Oncological Issues In Breast Cancer: Issues in Early Disease and Late Presentations — Gass and Cady New Rules, Politics and Reality: A View into the Reimbursement Crystal Ball — Kolb Applications and Challenges: E&M Coding in a Real Life Setting — Archer
12:25 – 1:25 P.M.	LUNCH TIME with VENDORS in EXHIBIT HALL			
	RT Track	RN Track	Clinical Track	Administration Track
1:25 – 2:25 P.M.	Healthy Mammographer — Rigsby	Lymphedema: Past, Present & Future — O'Brien	MR Imaging of Advanced Breast Cancer and Neoadjuvant Therapy — Porter	Breast Center Economics: Essential Tools and Understandings — Pilat
	Stereo Positioning: Troubleshooting — Doherty and Svob		Nuclear Medicine In The Breast Center — Brem	
2:25– 3:15 P.M.	Positioning and Performing the Digital Mammography Examination — Long	Changing Health Risk Behaviors Among Breast Cancer Survivors — Pinto	Medical Therapy In Advanced Breast Cancer with Discussion of Case Studies — Danso and Dizon	Breast Center IT Issues — Esserman
3:15 – 3:45 P.M.	BREAK TIME with VENDORS in EXHIBIT HALL			
3:45 – 3:55 P.M.	Inspiration Award – Kaufman			
3:55 – 4:45 P.M.	Nodal Evaluation: State of The Science – Alvarado			
4:45 – 5:35 P.M.	Adjuvant Treatment: Where Are We and Where Are We Going? — Danso			
5:35 – 7:00 P.M.	EVENING RECEPTION with VENDORS in EXHIBIT HALL			

Conference Overview

Tuesday, February 27, 2007			
7:00 A.M.	BREAKFAST and CONFERENCE REGISTRATION CONTINUED		
7:00 – 7:45 A.M.	Time to Visit Vendors and View Posters on Display	Digital Sessions	
7:45 – 7:50 A.M.	Introduction/Opening Comments — Dizon	7:15 – 7:30 A.M.	Conference Overview — Parikh
7:50 – 8:00 A.M.	Oral Poster Presentation — Dizon	7:30 – 8:00 A.M.	FFDM—Different Technologies — Rafferty
	Plenary	8:00 – 8:30 A.M.	Digital CR Mammography: Horse of a Different Color, But Still a Horse — Brenner
8:00 – 8:55 A.M.	Modern Multi modality Imaging of Breast Cancer Subtypes — Porter and Tabár	8:30 – 9:00 A.M.	Digital Mammography Quality Control and Accreditation — Parikh and Butler
8:55 – 9:45 A.M.	Current Challenges In Breast Surgery: Oncoplastic Techniques In Breast Surgery — Nahabedian	9:00 – 9:30 A.M.	Transitioning From SFM to FFDM — Zuley
9:45 – 10:35 A.M.	BREAK TIME with VENDORS in EXHIBIT HALL		
10:35 – 11:05 A.M.	Screening Mammography: A Surgical Perspective — Cady	10:35 – 11:05 A.M.	Integrated Health Enterprise — Zuley
11:05 – 11:35 A.M.	Partial Breast Irradiation: A Paradigm Shift or Just Research — Taghian	11:05 – 11:35 A.M.	Integrating Digital Mammography with PACS, Real World Issues and Considerations — Trambert
11:35 – 12:05 P.M.	Controversies in Breast Pathology — Lawton	11:35 – 12:05 P.M.	Medical Legal Aspects of FFDM: Be Careful What You Wish For — Brenner
12:05 – 12:35 P.M.	Hardiness, Resiliency and Other Affairs of the Spirit — Rabinowitz	12:05 – 12:35 P.M.	FFDM and Operations Panel — Parikh, Brenner, Butler, Rafferty, Zuley, Pilat & Trambert
12:35 – 2:25 P.M.	LUNCH TIME with VENDORS in EXHIBIT HALL		
2:25 – 3:15 P.M.	Issues Women Face After Treatment for Breast Cancer: A Focus on Health Risks and Survivorship — Pinto and O'Brien	2:00 – 2:30 P.M.	Mobile Digital Mammography — Parikh and Hallam
3:15 – 4:05 P.M.	Building The Cancer Center Team To Obtain JCAHO Certification — Khleif	2:30 – 3:00 P.M.	Full Field Digital and CAD — Brem
4:05 – 4:55 P.M.	The Radiologist and the Breast Surgeon: Is Co-Existence a Possibility/Necessity? — Poller	3:00 – 3:30 P.M.	Contrast Enhanced Full Field Digital Mammography — Lewin
5:00 – 6:30 P.M.	HANDS ON SESSION—hors d'oeuvres with vendors Update on New Biopsy/Surgical Devices — Kaufman	3:30 – 4:00 P.M.	Digital Tomosynthesis — Rafferty
		4:00 – 4:30 P.M.	Update on Clinical Trials of FFDM — Lewin
		4:30 – 5:00 P.M.	Panel Discussion: Clinical Applications Digital — Parikh, Lewin, Rafferty, Hallam and Brem
		5:00 – 5:30 P.M.	Digital Mammography Workflow, Including New Solutions and Reading Paradigms — Trambert
		5:30 – 6:30 P.M.	HANDS ON SESSION—hors d'oeuvres with vendors Digital Mammography Workstations and Demonstrations — Parisky

Wednesday, February 28, 2007	
7:00 A.M.	BREAKFAST
7:30 – 7:45 A.M.	Introduction and Opening – General Membership Meeting — Parikh and K. Hughes
7:45 – 8:35 A.M.	Current Best Indications For Breast MR — Porter
8:35 – 9:25 A.M.	Histologic – Mammographic Correlation of Benign and Malignant Breast Diseases — Tabár
9:25 – 9:55 A.M.	BREAK and Last Time with Vendors
9:55 – 11:15 A.M.	Interesting Patients, Their Images and Pathology: Multi-Disciplinary Case Management — Parisky, Hughes, Dizon, Parikh, Rabinowitz, Shockney and Taghian
11:15 – 12:05 P.M.	Quality: Today and Beyond — Kaufman Breast Center Quality Assessment Has Already Started — Look Who's Looking "We're A Quality Breast Center, Aren't We?" — Defining Breast Centers/Defining Service Components
12:05 – 12:35 P.M.	NCBC Quality Initiative — Our Progress Toward Improving Quality of Care Nationally — Shockney
12:35 – 1:05 P.M.	Evolution Of The Breast Center Team — Jago
1:05 P.M.	Conference Ends
2:00 – 6:00 P.M.	Post Conference BSE Course

Breast Center Evolution:
2007 and Beyond



Hereditary Breast and Ovarian Cancer: Bringing Risk Assessment and Management

Saturday & Sunday, February 24 – 25, 2007

Saturday, February 24

7:45 A.M.

Welcome

Kevin S. Hughes, MD, FACS

8:00 A.M.

Principles of Cancer Genetics

David M. Euhus, MD

An overview of genetics and cancer development. Types of genes and mutations that contribute to cancer development on germline and somatic cells will be discussed

8:30 A.M.

Cancer Risk Counseling: Who Will Do It?

Constance A. Roche, MSN, APRN, BC

Increased interest in BRCA testing has led to greater need for qualified cancer risk counseling services. Who can provide these services? What is the role of the risk assessment clinic?

9:00 A.M.

The Essence of the Counseling Visit

Jennifer Scalia, MS

This session will outline essential components of counseling for hereditary cancer and describe the process from scheduling, information gathering, risk assessment, approaches to education, counseling and assistance with decision-making.

9:30 A.M.

From the Test Tube to the Report: What Happens at the Lab

TBA

Genetic testing from the laboratory side. This session will outline the process of genetic testing and help sort out the meaning of deleterious mutations, variants, polymorphisms, rearrangements, BART, and more.

10:00 A.M.

Break

10:30 A.M.

Lessons Learned: From Beta Testing to Home

Amy Trainin, RN, ARNP, MS, AOCN

BRCA testing began in the early 90s. Over the past five years, there has been increased use of BRCA testing to guide management decisions. The speaker will describe the evolution of BRCA testing and provide case examples.

11:00 A.M.

The Risk Clinic Network: Linking Multiple Sites, While Financing the Effort

Jeffrey Weitzel, MD

Dr. Weitzel has created a network of risk assessment clinics across state lines. This model of a single risk service providing counseling beyond its walls will be discussed, as well as the financial arrangements needed to keep such an effort viable.

11:30 A.M.

The Role of the PCP in Managing the High Risk Woman

Jennifer Scalia, MS

As more high risk women are identified, it will become untenable for all to be managed at a specialty center. The issues to address include who requires close follow-up at a specialty center and who can be followed by their PCP, what information is required by the PCP to provide appropriate follow-up, and what is the responsibility of the center once the patient is referred back to the PCP.

12:00 NOON

Lunch

Laurie Stein

This speaker will recount her experience with hereditary breast and ovarian cancer.

1:00 P.M.

What are the Known Genes Contributing to Heritable Breast Cancer and How do They Work?

David M. Euhus, MD

Multiple genes are known to be involved in cancer development when mutated at the germline level. The genes involved, their function at the cellular level will be described.

1:30 P.M.

BRCA1 and BRCA2: What do we Know, What do we Need to Learn? Impact of Environmental and Hormonal Factors

Constance A. Roche, MSN, APRN, BC

Not every woman with a BRCA1 or BRCA2 mutation develops breast and ovarian cancer. What are the environmental and hormonal factors that impact on penetrance, and can we take advantage of this information to increase our success in cancer prevention?

2:00 P.M.

BRCA1 and 2 in Special Populations: Differences by race, ethnicity and national origin

Bruce G. Haffty, MD

BRCA1 and BRCA2 testing has provided insights into the epidemiology of breast cancer and differences breast cancers developing in various ethnic groups and geographic populations. This lecture will focus on differences in the frequency and spectrum of BRCA1 and BRCA2 mutations in various ethnic populations, including Caucasian, African American and Asian populations.

2:30 P.M.

Disclosure of Results from Genetic Research Studies: Ethical, Legal and Social Challenges in the New Millennium

Lynn Dressler, DrPH, MA

Disclosure of research results from genetic clinical research studies raises a variety of important ethical, legal and social issues. Although it has been customary to disclose aggregate data in clinical research studies, the disclosure of individual results has usually been limited to protocols which require such information for eligibility or randomization. On rare occasions, individual results have been disclosed to the research subject, their family and their treating physician. As we perform more genetic studies, both pharmacogenetic and disease development studies, where large segments of an individual's genome are evaluated, we will increasingly obtain information that is incidental to the scope of the research study, yet may have significant clinical relevance for the research subject and their family. What are the conditions, if any, that would compel disclosure of results obtained in the research setting? What if our original intent was not to disclose information or the research subject had indicated "no re-contact" on the consent document? This session will address relevant regulatory guidance as well as the different perspectives regarding the tension between professional boundaries and moral intuition.

3:00

Break

3:30 P.M.

Other Cancers, Other Carriers: How Do We Manage Them?

TBA

BRCA1 and BRCA2 mutations are associated with other cancers besides breast and ovarian cancers. What is the level of evidence for these associations, how high is the risk, and how do we screen patients for these cancers? How do we manage and screen male carriers?

4:00 P.M.

Helping Internists Identify and Refer More High Risk Women

Kevin S. Hughes, MD, FACS

Identification of carriers can allow changes in management that can decrease risk. However, this identification must occur before cancer develops. How do we help internists identify and refer more high risk women? How do we help high risk women identify themselves?

4:30 P.M.

Caring for More Patients for High Risk Counseling: Managing Increasing Volume with Limited Resources

Judy Garber, MD, MPH

As more high risk women are identified, how do we manage the volume? How do we see more patients for high risk counseling? How do we take advantage of innovative ways to care for more patients without more resources, such as phone counseling, computer education, video counseling, web sites, printed materials, videos, and group sessions.

5:15 P.M.

Adjourn

5:30 P.M. Reception and Networking

Sunday, February 25

7:45 A.M.

Welcome

Constance A. Roche, MSN, APRN, BC

8:00 A.M.

Chemoprevention: Prevention and Management for the Unaffected Carrier or Unaffected Suspected Carrier

Victor G. Vogel, MD, MHS, FACP

When a woman has, or is suspected of having, a BRCA1/2 mutation, how do we change her management to prevent cancer, or find it at an earlier, more treatable stage? What interventions work, which ones have promise, and what is on the horizon? If we identify more high risk women, we need guidelines on how to impact their health. Various issues will be addressed.

8:30 A.M.

Management for the Carrier or Suspected Carrier with Cancer

Bruce G. Haffty, MD

Management of early stage breast cancer in the genetically predisposed patient remains challenging. This lecture will focus on the available literature evaluating management of breast cancer in familial breast cancer patients and those with BRCA1 and BRCA2 mutations. Controversies regarding breast conserving therapy in these patients will be discussed.

9:00 A.M.

Pathologic Features and Tumor Markers of BRCA1 and BRCA2 Cancers: Effects on Adjuvant and Neoadjuvant Therapy

Debu Tripathy, MD

Inherited predisposition to breast cancer can occur with a strong penetrance in 5-10% of cases, with mutations in the BRCA1 and 2 genes representing a majority of such germline genetic alterations. Specific phenotypic characteristics are associated with specific biomarkers, with BRCA-1 tumor being typically negative for hormone receptors and HER2 oncogene amplification where as BRCA-2-related breast cancers are usually hormone receptor-positive. Thus, tamoxifen prevention may be effective for prevention in BRCA-2 mutation carriers. BRCA-1-related tumors appear to have gene expression patterns similar to that of the basal layer of breast epithelial cells, hence given the term "basal" phenotype, which is characterized by negative hormonal and HER receptor and other specific protein expression patterns. At the current time,

Clinical Breast Evaluation Course with Clinical Breast Examiner Certification

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adjuvant therapy recommendations are not specific to BRCA status, but rather follow the established guidelines for therapy based on stage and standard biomarkers including hormone receptors and HER2 gene status. Surgical therapy needs to reflect the risk of ipsilateral recurrence as well as new primary breast cancer risk.

9:30 A.M.

If We Do Change Management, What is the Effect on Public Health?

Victor G. Vogel, MD, MHS, FACP

This session will address the population level impact of identifying high risk women and the impact of chemoprevention, prophylactic surgery, MRI and other measures. How can we affect cancer incidence and mortality?

10:00 A.M.

Break

10:30 A.M.

Decision Support in the Risk Clinic: Visualizations to Increase Understanding and Improve Management Decisions

Kevin S. Hughes, MD, FACS

There are a variety of management options available for the carrier or suspected carrier. Each of these options has risks and benefits that are modified by the age, menopausal and health status of the individual. How do we determine the appropriate management options for the individual, taking into account all confounding factors? The use of computer decision support and intuitive visualization will be discussed.

11:00 A.M.

Concurrent Breakout Sessions

Practical Aspects of the Risk Clinic Visit

Jennifer Scalia, MS

In this workshop, the clinic visit will be dissected and discussed. Practical tips for taking a family history, identifying relevant information, and dealing with difficult issues that arise will be reviewed.

Challenging Cases in Cancer Risk Counseling

Amy Trainin, RN, ARNP, MS, AOCN

Challenging cases will be presented with discussion about how they were addressed. Participants will have the opportunity to ask about their own cases and issues.

Data: How Do you Record it, How Do you Avoid Problems, How Do you Use it, How Do you Share it?

Georges Grinstein, PhD

The speaker will discuss several issues related to well-designed data collection, access and sharing. They will describe their approach to providing different levels of data collection based on user response and how they have extended typical systems to provide good use of tablet-based systems and data exchange via HL7 with various software examples (e.g., Progeny and CAGENE)

Ask the Expert: How Do you Use the Data From the First and Second Prevention Trial in Your Practice?

Victor G. Vogel, MD, MHS, FACP

STAR results are in. Now what? How do we distill the information and educate and advise our patients? The speaker will discuss chemoprevention in clinical practice and address the use of SERMs and what we can expect from the aromatase inhibitor trials.

Using the Tablet PC System in Your Risk Clinic

Sherwood S. Hughes, Brian Drohan, Christine Lawrence and John Sharko

A software/hardware solution for identifying high risk women, and for managing a risk clinic has been developed at the Massachusetts General Hospital. This software is available free of charge to risk clinics. The speakers will demonstrate the software and describe how it is being used at various hospitals around the country. Its utility for patient care and research will be discussed.

12:15 P.M.

Adjourn

8:00 a.m. - 5:30 p.m. (Saturday) and 8 a.m. - 12:00 noon (Sunday)

(Space is limited to the first 36 registrants)

(Special registration required)

Suzanne M. Taylor, MD, Shireen L. Braner, PA, RT(R)(M)(QM), Sharon Cabbage, RN, BSN, Audrey Boyer, RN, BSEd and Cathy Cole, RNC, NP, MPH, CHES

This course covers one and one-half days and is designed to utilize Clinical Breast Examination Skills to accomplish a CBE's Paramount Objective, the detection of any dominant breast mass, as another early detection tool to ultimately reduce breast cancer deaths. This is accomplished through an intensive didactic review of Core Breast Knowledge, BSE Technique, Breast Oriented History, Breast Imaging, Diagnostic Procedures with Breast Pathology, Follow-up Recommendations and Risk Management. The didactic component of the course is followed by a full half day of demonstration and practicum on performing a Clinical Breast Exam. Patient models, students and instructors will interface in life scenarios to experience issues and challenges in performing clinical breast exams. Additionally, this course will provide instruction and practice of the tactile skills associated in the performance of a clinical breast exam.

Each student will be provided a binder that outlines the major concepts that will be presented during the course and information that will be on the testing units. Also included in the binder are supplemental reading materials as well as a vocabulary list to assist in the understanding of course material. All test material is included in the binder. Following course instruction, students will be evaluated on their core knowledge, ability to perform a Clinical Breast Exam in a real life approximated setting and their tactile skills regarding lump detection. A score of 85% or better must be achieved on the didactic written exam, the performance observation exam and tactile testing in order to pass the course and receive certification.

CBE® certification is the process by which the NCBC validates, based upon predetermined standards, a licensed breast health care provider's knowledge in the performance of a clinical breast examination. The purpose is to assure the public that the certified licensed breast health care provider has completed the NCBC CBE® course and has met minimum knowledge and performance standards by recognizing the individual who has met these standards. Candidates who pass the CBEC® may use the mark CBEC® to verify they have met all eligibility and testing requirements. This may be used only while valid, after which time certification may be renewed. All individuals with valid certifications will be posted on the NCBC web site.

To keep the certification active, each certified examiner must supply an annual report that identifies the number of exams completed and the exam findings, which shows that Clinical Breast Examinations have been performed as a part of their job responsibility. There is no annual renewal fee. Re-examination will be offered at the NCBC Annual National Conference. Certification lasts for a three-year period and re-certification is required at the end of that time.

This course is available to licensed healthcare professionals (physicians, physician assistants, nurse practitioners, registered nurses and radiologic technologists). It is recommended, but not mandatory, that individuals should be actively performing clinical breast examinations as part of their ongoing job responsibilities. Although this course will provide core knowledge and review performance and tactile skills, this CBE Certification Course is not designed as an entry level or introductory course for practitioners interested in learning basic CBE skills. This CBE Certification Course is designed for practitioners seeking CBE Certification as validation of their mastery of the breast health knowledge and CBE skills.

Breast Self Examination Trainer Certification Course

Wednesday, February 28, 2007

2:00 - 6:00 p.m.

(Special registration required)

Suzanne M. Taylor, MD, Shireen L. Braner, PA, RT(R)(M)(QM), Sharon Cabbage, RN, BSN, Audrey Boyer, RN, BSEd and Cathy Cole, RNC, NP, MPH, CHES

This course is designed to provide the core Breast Knowledge and Breast Self Examination Skills needed to provide BSE instruction to lay persons and other health care professionals. It will include comprehensive didactic sessions for Core Breast Knowledge and BSE Skills followed by a workshop session test over tactile BSE skills and verbal BSE presentations. It will also identify the next steps to take to secure the training and skills necessary to obtain NCBC CBE® Certification. Upon successful completion of this course, (i.e., score of 80% on each didactic, tactile silicone model skills, and verbal mini-lecture test), participants will receive a NCBC BSE Instructor's Certificate.

Surgical Management of Breast Disease

Saturday, February 24, 2007

An Ideal Course for
Breast Health Nurses and
Breast Cancer Nurses

(Special registration required)

This course is being presented in assistance with the American Society of Breast Surgeons. This course will present state-of-the-art concepts for the treatment of benign breast disease and breast cancer, including image-guided biopsy, sentinel node mapping and partial breast irradiation. A brief review of adjuvant therapy will also be provided. Upon completion of this course, participants should be able to understand state-of-the-art concepts for treatment of breast cancer. Attendees of the course will be able to enhance their diagnostic and treatment abilities as they encounter patients with breast disease. This course is supported in part by a grant from the Susan G. Komen Breast Cancer Foundation.

THE AMERICAN SOCIETY OF
 **Breast Surgeons**

7:00 A.M.

Breakfast on Your Own

7:45 A.M.

Welcome and Introductions

Shawna C. Willey, MD, FACS

7:50 A.M.

Pre-Test (No Credit)

There will be a brief exam to test your knowledge prior to the start of the course.

8:10 A.M.

Benign Breast Disease

Cary S. Kaufman, MD, FACS

This lecture will discuss the symptoms of benign breast disease, covering breast infections, pain, nipple discharge and fibroadenomas.

9:10 A.M.

Management of the High Risk Patient

Shawna C. Willey, MD, FACS

Treating the high-risk patient is vital. This presentation will explore important techniques, including risk assessment, genetic counseling, testing and other risk reducing strategies.

10:10 A.M.

Break

10:20 A.M.

Imaging of the Breast for the Surgeon

Lorraine Tafra, MD, FACS

Breast imaging is a science that is constantly changing and developing, along with the technology used. This session will provide an overview of CAD and Digital Mammography, Ultrasonography and MRI.

11:20 A.M.

Image-Guided Biopsies

Mark A. Gittleman, MD, FACS

State-of-the-art concepts for breast disease treatment including image-guided biopsies will be presented. Stereotactic, ultrasound and MRI will be discussed.

12:20 P.M.

Lunch On Your Own

1:30 P.M.

Lymph Node Analysis

Lorraine Tafra, MD, FACS

Axillary dissection and the sentinel node will be discussed.

2:30 A.M.

Breast Surgical Techniques

Cary S. Kaufman, MD, FACS

Several mastectomy techniques will be covered, including partial mastectomy, skin-sparing mastectomy and nipple/areolar sparing mastectomy.

3:30 P.M.

Break

3:45 P.M.

Adjuvant Therapy

Shawna C. Willey, MD, FACS

This session will give a brief review of adjuvant therapy treatment techniques, including radiation and APBI, chemotherapy and endocrine therapy.

4:45 P.M.

Practice Management

Mark A. Gittleman, MD, FACS

This lecture will cover coding and reimbursement and clinical trials as they relate to managing a successful practice.

5:15 P.M.

Tumor Board and Panel Discussion

Mark A. Gittleman, MD, FACS, Cary S. Kaufman, MD, FACS, Lorraine Tafra, MD, FACS, and Shawna C. Willey, MD, FACS

Attendees will be able to hear how the experts will handle some interesting cases. Several tough cases will be presented.

5:45 P.M.

Post-Test (No Credit)

This brief exam will test your knowledge upon completion of the course.

6:00 P.M.

Adjourn

Grant Writing and Awards Course Pre-Conference Course

Saturday, February 24, 2007

(Special registration required)

Saturday 8 a.m. - 12:00 noon

Karleen Habin, RN, BCCS, MPHc

Grant writing skills are essential for the promotion and success of academic investigators and non-profit health care professionals. However, obtaining those grants requires perseverance, time and essential skills in order to communicate your ideas to the funding agency. Regardless of whether applications for funding are for basic science research or education venues, there is a need to convey your ideas effectively.

This seminar comprehensively addresses both conceptual and practical aspects that are associated with the grant-writing process. This program offers a unique perspective in writing grants that embrace idea development, grammatical/writing styles including tips and strategies for success. The program design is both education and didactic. Discussions, practical exercises, round-table discussion to include experts in the field and detailed handouts ensure that participants will find this an effective and informative program.

Each participant receives a copy of the "Grant Writers Workbook." The workbook provides participants with an opportunity to apply what they have learned through an interactive approach. The Workbook also provides participants with current resources relevant to grant writing and sources of funding. Furthermore, each participant will be provided with an opportunity to purchase books that are geared toward the beginner and advanced grant writer.

Grant Writing Course Objectives

Upon the completion of the *Grant Writing Workshop*, participants will be able to:

- Formulate a focused research plan that incorporates well-formulated hypotheses, rationales, specific objectives and long-range research goals **or**;
- Formulate a focused educational or programmatic plan that incorporates a well-formulated idea (supported by current literature), rationale, specific objects and long-range goals;
- Organize and present a sound plan that accurately reflects the ideas and directions of the proposed activity (research vs. programmatic);
- Develop and justify a budget for the proposed activity;
- Maximize collaboration involving/utilizing existing resources and colleagues at the institution in the development of a sound research plan;
- Avoid common writing mistakes and learn grammatical presentation styles;
- Discuss the peer review process in grant evaluation and how to formulate a grant application that is maximally compatible with the process;
- Develop skills needed to identify potential funding sources for planned research activities; and
- Identify the boundaries of eligibility for federal sector employees as they relate to specific kinds of grant support.

12:00 – 2:00 P.M.
RECEPTION with Vendors
VENDOR NETWORKING • EXHIBIT HALL OPEN

Plenary

12:00 – 7:00 P.M.

Conference Registration

2:00 – 2:10 P.M.

Opening Comments and Presidential Address — Breast Center Evolution: 2007 and Beyond

Jay R. Parikh, MD, FRCP(c), CPE, FSBI, NCBC President

2:10 – 2:15 P.M.

Conference Logistics

Don S. Dizon, MD, FACP

Track Moderator — Don S. Dizon, MD, FACP

2:15 – 3:05 P.M.

Models of CAM Research in Breast Cancer

Debu Tripathy, MD

This lecture will review the patterns of use of different forms of complementary medicine in patients with breast cancer and will describe several research initiatives that serve as examples of CAM investigations in the area of breast cancer. Specific scenarios in the area of breast cancer that are amenable to study will be discussed. Innovations in research methodologies and the results of both pre-clinical and clinical studies will be presented. Challenges to laboratory and human testing will be addressed and some of the solutions that our research team have adopted will be discussed. Finally, new directions in integrative research in breast cancer will be reviewed.

3:05 – 3:55 P.M.

Imaging to Treatment Plan—Multi/Interdisciplinary Interaction

Michael N. Linver, MD, FACP, Shahla Masood, MD, FCAP, MIAC and John L. Bell, MD, FACS

Each faculty member will articulate their thoughts, needs and position concerning what is important to an imager, pathologist and surgeon in a multi-interdisciplinary breast center. Several illustrative cases on how to work as a team will be discussed in order to identify the challenges of collaboration between radiology, pathology and surgery in the multi/interdisciplinary breast center, along with a time for Q&A.

3:55 – 4:45 P.M.

Health or Harm: The Impact of Hormone Replacement Therapy

Rowan Chlebowski, MD, PhD

The relationship between exogenous hormone therapy use with combined estrogen plus progestin or estrogen alone (in women with prior hysterectomy) and breast cancer risk in postmenopausal are complex. In the Women's Health Initiative randomized clinical trials, combined estrogen plus progestin increased breast cancer evidence and the cancers were diagnosed at a more advanced stage. Conversely, estrogen alone use results in a trend for fewer breast cancers compared to placebo. These results will be discussed in the context of current understanding of breast cancer biology.

4:45 – 5:35 P.M.

Preventing Breast Cancer: Raloxifene, Tamoxifen, and Aromatase Inhibitors: The role of hormones in managing breast cancer risk

Victor G. Vogel, MD, MHS, FACP

Women who are at increased risk for breast cancer can be identified using simple risk factors. Tamoxifen is the only approved drug for reducing breast cancer risk, but it is not widely used because of its real and perceived toxicities. The Study of Tamoxifen and Raloxifene recently reported improved safety for raloxifene compared with tamoxifen, and its approval for breast cancer risk reduction is anticipated soon. Compared with selective estrogen receptor modulators, aromatase inhibitors are safer, more effective drugs, and primary prevention clinical trials are under way. Management strategies for breast cancer risk reduction will be reviewed in detail emphasizing risks and benefits for specific women at risk.

5:35 – 6:25 P.M.

Physician as Patient: The Journey from Breast Cancer Survivor to New Mother

Christine Duffy, MD, MPH

Dr. Duffy, a two-time breast cancer survivor, will speak about her own experiences to illustrate the challenges of being both patient and physician, and lessons learned from this dual role. She will also discuss her decision to pursue fertility preservation after her breast cancer diagnosis, the complexities of making such decisions and the many issues to consider when counseling women regarding fertility preservation. She will also speak to the special issues and challenges young women diagnosed with breast cancer face, in particular women with BRCA mutations.

6:25 – 7:30 P.M.

SPECIAL POSTER SESSION RECEPTION
HORS D'OEUVRES with Abstract Authors and Poster Presenters

Don S. Dizon, MD, FACP, Session Facilitator - In order to allow more time for review and discussion of the posters accepted for presentation at the 2007 Annual Meeting, there will be a Poster Session and Cocktail Reception. This will be the ideal time to review the submissions at this year's meeting and discuss findings personally with the first authors. In addition, it provides yet another opportunity to network with fellow attendees. For poster presenters, it will represent a dedicated session where both knowledge can be disseminated and feedback received on your hard work. This poster session will be a well-deserved congratulations on the work selected for presentation and will showcase the diversity of our membership in achieving the common goal of quality breast care.

Plenary

7:00 – 7:45 A.M. **Breakfast, Conference Registration, Time to Visit Vendors and View Posters on Display**

7:45 – 7:50 A.M. **Introduction/Opening Comments**

Jay R. Parikh, MD, FRCP(c), CPE, FSBI, NCBC President

7:50 – 8:00 A.M. **Oral Poster Presentation**

Don S. Dizon, MD, FACP

Plenary Moderator— Don S. Dizon, MD, FACP

8:00 – 8:30 A.M. **Is the Molecular Era of Breast Cancer Treatment Upon Us?**

COL Craig D. Shriver, MD

We will discuss the present clinical and research uses of genomics and proteomics in breast diseases.

8:30 – 9:50 A.M. **Risk Management in Breast Cancer Evaluation with Case Examples: Going up the Creek and Keeping Your Paddle**

R. James Brenner, MD, JD, FACR, FCLM and Odysseus Argy, MD

Brenner: Delay in diagnosis of breast cancer is the most common reason that physicians (and perhaps other health care workers) are sued for malpractice. From both a systems and individual caregiver perspective, understanding the nature of breast evaluation and treatment should invite quality improvement initiatives that avoid common pitfalls in care that subject health providers to both adverse medical outcomes and legal liability. From triaging of patients to clinical breast examinations, from screening mammography to the appropriate application of advanced imaging techniques, from standard treatments and follow up for breast cancer patients to novel and experimental approaches, the importance of deliberate evaluation and management reflects an understanding for both the medical and emotional components involved in this field of health care. High public expectations combined with successful approaches to care establish a sometimes formidable challenge for patients and providers, where accountability is sometimes sought in courts of law.

Will explore medico-legal cases in order to illustrate common causes of malpractice litigation for each member of the health care team. These case studies will better equip breast health professions to avoid malpractice suits, as well as detail ways to deal with high risk situations caused by other team members.

9:50 – 10:00 A.M. **IMPACT Award Presentation**

Jay R. Parikh, MD, FRCP(c), CPE, FSBI, NCBC President

10:00 A.M.

BREAK TIME with VENDORS in the EXHIBIT HALL

10:45 A.M. – 12:25 P.M.

CONCURRENT SESSIONS

RT TRACK

Track Moderator — Kathy Dittmar, RT(R)(M)

Take Me On The Journey: Film To Filmless

Teresita Macarol, RT(R)(M)(QM) and Greg Pilat, MBA

Transitioning to digital mammography can offer many technical advantages over screen-film, but along with the advantages come challenges. Knowing what those challenges are is key to success. Detailed workflow, volume, space, IS networking, staff and vision all play an important role in the design of a digital breast center. Where do you start? What are the considerations, how does this impact the technologist?

There Is Not An "I" In Team But There Is A "U" In Quality

Gayle Jago, RT(R)(M)

We will look at what quality means to our patients, co-workers, physicians, administrators and to the other Centers. Discuss what quality indicators our patients notice, what keeps them from returning or recommending certain facilities. Will discuss MQSA and audit quality indicators. How to review and document trends and set benchmarks that will help to improve patient care. Stress the importance that each team member has to maintain a high quality standard.

RN TRACK

Track Moderators — Constance A. Roche, MSN, APRN, BC & Robin Hayden, MSN, APRN, BC

Introduction to Breast Pathology

Thomas J. Lawton, MD

This lecture will be an introduction to basic breast pathology, including a discussion of proliferative lesions including usual hyperplasia and atypical hyperplasia and their clinical significance. Second, ductal and lobular carcinoma in situ will be discussed with attention to classification and clinical significance. Finally, an overview of invasive prognostic/predictive markers will be covered.

The following two sessions run concurrently

Physical Assessment Fascinomas

Tammy Neblock, MD

Several processes will be detailed, including ways to better identify and manage benign breast conditions, distinguish normal variants on physical exam from worrisome findings, as well as evaluate nipple discharge.

Advanced Community Practice Navigation: Towards the Definition, Standardization, Application & Evaluation of the ACPN Model & Breast Center Patient Navigation: On and off course these last 3 ½ years

Nancy Lee, BSN, MA, MSc(c) and Vickie Thomas, RN, BSN, CCM

This presentation will explore the roles, responsibilities and scope of the advanced practice navigator (ACPN) in a community hospital setting. It will highlight areas of practice that are common between the ACPN and a novice Navigator (NN) and will describe additional responsibilities that distinguish it as an independent role. The scope of the ACPN will be discussed along with innovative ways to use the ACPN model to enhance a community oncology practice or Breast Center. This presentation will conclude with an evolving discussion of the evaluation of the ACPN.

12:25 – 1:25 P.M.

LUNCH TIME WITH VENDORS in EXHIBIT HALL

Thank You to our Sponsors!

The NCBC would like to acknowledge and thank the following sponsors for their generosity in supporting our 2007 Conference with an unrestricted educational grant.

This is a list of sponsors as of the time of this printing.

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"This is the most beneficial grouping of presenters and topics"

— Jan Larkin, CT

"As always, it is a great conference with a great selection!"

— Cathy Cole, CA

"To attend an NCBC Conference is to add another chapter to your book on quality breast care and its various aspects."

— Judith Wagner, WI

CHOOSE ONE OF FOUR TRACKS

10:45 A.M. – 12:25 P.M.

CLINICAL TRACK

Track Moderator— Balazs Imre (Ernie) Bodai, MD

Breast Imaging and Pathology Case Studies

Michael N. Linver, MD, FACR and Jay R. Parikh, MD, FRCP(c), CPE, FSBI

Interesting and relevant breast imaging cases will be presented, and the corresponding pathology results discussed, with emphasis on the presence or absence of concordance of the imaging and pathology findings. Discussion about methods to ensure concordance, and the vital importance in obtaining concordance, will follow.

Surgical Oncological Issues In Breast Cancer: Issues in Early Disease and Late Presentations

Jennifer Gass, MD, FACS and Blake Cady, MD, FACS, MSHA

While the median diameter of breast cancer today is only 1.5 cm, a small proportion of patients (+ 10%) still present with advanced primary cancers with or without palpable axillary nodal metastases. These are usually interval cancers, or cancers in unscreened young or elderly women, or in socioeconomically disadvantaged groups. Dramatic changes in approach to these poor prognosis patients has included use of neoadjuvant chemotherapy (or anti estrogens in the elderly) which permits more frequent breast conservation, and direct observation of therapeutic effect. Key features of response are the chemotherapy effect on lymph node metastases, and the use of new biological agents in carefully selected patients, where long term disease free survival of over 80% can be achieved. The surgical issues and options for the treatment of early and late breast cancer will be discussed in this presentation given by two experts in the field of breast surgery.

ADMINISTRATION TRACK

Track Moderator— Lee Bronfman, RN, MA, CCRP

Community Advisory Council & Creative Community Outreach— Learn What Works

Claudia Z. Lee, MBA

Comprehensive Breast Centers are valued community treasures that seek to provide the highest quality care – education, screening, diagnosis, treatment, rehabilitation, support and research. In order to be successful, breast centers need to both reach out into the community and to seek guidance from the community. This "two way street" requires innovative outreach activities plus a mechanism for community feedback. This presentation will be a compilation of NCBC membership successes with creative outreach programs and with community advisory councils.

New Rules, Politics and Reality—A View into the Reimbursement Crystal Ball

Gerald Kolb, JD

CMS has set its guidance for the Medicare Physician Fee Schedule through 2010, Congress has been both activist in controlling costs, and has exhibited a business as usual side in bending to political pressure, and record US budget deficits continue to defer payment of the real cost of health care. This presentation will review briefly the current reimbursement environment, will attempt to project major upcoming trends, and will provide attendees with proven strategies to cope with a future that is uncertain, at best.

Applications and Challenges: E & M Coding in a Real Life Setting

Ann Archer, MD

Assessment, education and consultation for complex issues in breast diagnosis and management are part of the daily practice for the clinical breast radiologist. As clinical breast radiologists, it is our standard of care to provide all the services that qualify for Evaluation and Management coding; yet very few radiologists bill for this justifiable service, unlike other sub-specialties. This presentation will discuss the history of E&M coding at OU Breast Institute with special attention to the institutional and reimbursement hurdles, the internal logistics, appropriate use and eventual outcomes. Deficits continue to defer payment of the real cost of health care. This presentation will review briefly the current reimbursement environment, will attempt to project major upcoming trends, and will provide attendees with proven strategies to cope with a future that is uncertain, at best.

RT TRACK

Track Moderator— Debora Wright, RT(M)

Healthy Mammographer

Amy Rigsby, RT(M)

This session will teach the technologist effective ways to use their hands, shoulders, elbows and back for proper positioning to maximize the image, and to avoid repetitive injuries. The processes and advantages of the patient-technologist team will be presented along with relaxation and health tips for the mammographer as well as the patient.

Stereo Positioning and Troubleshooting

Sharon Doherty, RT(R)(M) and Sarah Svob, RT

This session will provide useful information for attendees who are currently involved in Stereotactic procedures as well as those who may have some interest in the modality. Topics to be covered will range from basic patient comfort and breast positioning to challenging procedures and troubleshooting.

Positioning and Performing the Digital Mammography Examination

Shirley Long, B App Sc, RT(R), CBI

The time has come – the journey's begun... The digital age has finally entered the world of mammography. With any such technologic advancement comes challenges and growth. Technologists are both excited and apprehensive – unsure of how this change will impact their current skill sets. Join us for insight into how digital will change the practice of mammography from the technologist's perspective and how we can prepare to meet this challenge.

RN TRACK

Track Moderator— Kathy Dittmar, RT(R)(M)

Lymphedema: Past, Present and Future

Patricia O'Brien, MD

Treatments to treat breast cancer and the tumor itself can both cause lymphedema. The protocols as to how to treat lymphedema change as our treatments change, and we better understand the mechanisms of common side effect. New methods of compression need to be integrated in the overall treatment program and individualized to the specific patient goals and lifestyle.

Changing Health Risk Behaviors Among Breast Cancer Survivors

Bernadine M. Pinto, PhD

Sedentary behavior, being overweight and smoking are established risk factors for many chronic diseases. Changing these unhealthy behaviors among individuals who have been diagnosed with cancer may help to reduce cancer treatment sequelae, reduce risk for other diseases such as cardiovascular disease, obesity, and hypertension, and possibly reduce risk of recurrence for specific types of cancer. This presentation will review data on the prevalence of some of these risk behaviors among cancer survivors and interventions to change risk behaviors after a cancer diagnosis. Women who have been treated for breast cancer have participated in a majority of these studies. Finally, the implications of this relatively new aspect of survivorship for health care providers will be discussed.

General Information

Meals: The registration fee includes: All breakfasts, lunches, breaks and receptions Monday through Wednesday.

Monday Night Reception: Monday night's reception is designed to allow guests to visit the exhibits, learn about new products and services, socialize and establish new relationships with professional peers from around the country. We hope conference guests use this time to meet fellow professionals with whom they may share some time together over dinner or enjoying the sites of Las Vegas.

Exhibit Hall: An array of specialized technology, equipment, products, and services will be on display for breast centers, group practices, and practitioners of breast care. Exhibits will only be open during non-lecture times—during breaks, meals and receptions. Visit the web site www.breastcare.org to view a list of all exhibitors to date.

Recommended Dress: Business casual. Temperatures in meeting rooms and personal comforts vary greatly. As meeting rooms usually seem cold, please bring a sweater or jacket to compensate.

Registration Materials: Each attendee will receive a conference syllabus which will contain speaker information, copies of selected speaker slides, materials from each presentation, and a list of all registrants.

Disability Statement: If you have a disability, advance notification by January 28, 2007 of any special needs will help us better serve you.

Group Rates: Special group rates are available for 3 or more registrants from the same facility. A member may assign their registration to a fellow peer from the same facility if attendance is not possible for that member. The assignee may register at the member rate.

Conference Planning Committee

These committee members have worked together to develop this year's conference program. Each evaluation was carefully reviewed to incorporate topics that were requested by last year's attendees. With out the help of these individuals this conference would not be possible.

Kristie Bobolis, MD

Breast Health Center
Sutter Roseville Medical Center
Roseville, CA

Eileen T. Bronfman, RN, MA, CCRP

Clinical Breast Care Project
Walter Reed Army Medical Center
McLean, VA

Deborah Dix, RN, MS

Cancer Center/Oncology
Sutter Roseville Medical Center
Roseville, CA

Don S. Dizop, MD, FACP

Brown Medical School
Program in Women's Oncology
Women and Infants Hospital of
Rhode Island
Providence, RI

Barbara Guider, BS, RT(R)(M)

Breast Services
Memorial Hospital
Chattanooga, TN

Robin Hayden, MSN, APRN, BC

Fletcher Allen Health Care Breast
Care Center
Burlington, VT

Brahana Howard

The Rose Diagnostic Center
Houston, TX

Kevin S. Hughes, MD, FACS

Avon Foundation
Comprehensive Breast
Evaluation Center
Massachusetts General Hospital
Boston, MA

Gayle Jago, RT(R)(M)

Gundersen Lutheran
Medical Clinic
Norma J. Vinger Center
for Breast Care
LaCrosse, WI

Colleen Johnson, RN, NP

Saint Luke's Hospital
of Kansas City
TCI – Breast Center
Kansas City, MO

Cary S. Kaufman, MD, FACS

Bellingham Breast Center
Bellingham, WA

Nancy Lee, BSN, MA, MSC(c)

Cambridge Hospital
Cambridge, MA

Claudia Z. Lee, MBA

C.Z. Lee and Associates Breast
Center Consultations
Hudson, NY

Teresita Macarol, RT(R)(M)(QM)

Radiology Informatics
Advocate Health Care
Oak Brook, IL

Meridithe Mendelsohn, MPA

Carol Ann Read Breast
Health Center
Alta Bates Summit
Medical Center
Oakland, CA

Jay R. Parikh, MD, FRCP(c), CPE, FSBI

Women's Diagnostic Imaging
Center Swedish Cancer Institute
Seattle, WA

Yuri R. Parisky, MD

Mammoth Hospital
Mammoth Lakes, CA

Barbara Rabinowitz, PhD, MSW, RN

Meridian Health/Ocean Medical
Center
Brick, NJ

Amy Rigsby, RT(M)

The Rose Joan Gordon Center
Houston, TX

Constance A. Roche, MSN, APRN, BC

Avon Foundation
Comprehensive Breast
Evaluation Center
Breast and Ovarian Cancer Risk
and Prevention Program
Boston, MA

JoAnne Schahuber, RT(R)(T)(M)(QM)

Women's Center Breast Care
Clinic
Cox Health Hulston Cancer
Center
Springfield, MO

Sarah Svob, RT

Mammography Technologist
LaVerne, CA

Marcine C. Williams, RT(R)(M)

Mercy Medical Center
Canton, OH

Diane Wofsey, RN

Mercy Medical Center
Canton, OH

Debora Wright, RT(M)

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CHOOSE ONE OF FOUR TRACKS

1:25 – 3:15 P.M.

CLINICAL TRACK

Track Moderator— Kristie Bobolis, MD

MR Imaging of Advanced Breast Cancer and Neoadjuvant Therapy

Bruce Porter, MD, FACP

There is an increasing awareness of the advantages of diagnostic imaging for less invasive, less expensive and often more sensitive staging of breast cancer. PET-CT has demonstrated this and is now widely accepted. Whole body MR has rather similar capability and the techniques are evolving rapidly which are providing both more sensitivity to tumor and more specificity. This talk presents an overview of the current state of whole body MR and future directions for this exciting new tool.

Nuclear Medicine In The Breast Center

Rachel Brem, MD

Nuclear medicine plays an important role in the treatment of breast cancer. This presentation will detail its role in staging breast cancer and will provide the clinical application of nuclear medicine in a breast center.

Medical Therapy In Advanced Breast Cancer with Discussion of Case Studies

Michael Danso, MD and Don S. Dizon, MD, FACP

There are many novel treatments for breast cancer, including those recently approved and those in active clinical trials. This presentation will explain the predictors for pathological response in breast cancer, as well as the current regimens used in neoadjuvant treatment of breast cancer.

ADMINISTRATION TRACK

Track Moderator— Meridithe Mendelsohn, MPA

Breast Center Economics: Essential Tools and Understandings

Greg Pilat, MBA

Will detail the common metrics and measurements in determining the financial health of your breast center and explain how to create a financial improvement plan once you have established a financial baseline for your operations. Will also explore which clinical, financial and operational data should be collected.

Breast Center IT Issues

Laura Esserman, MD, MBA

Modern technology is a wonderful asset to all medical providers. Yet, there are challenges regarding the collection of data that can stand as barriers to providers as they strive for a level of excellent patient care. This presentation will detail the issues of integrating legacy information systems to capture data specific to Breast Centers, as well as identify the current availability of shared applications.

3:15 – 3:45 P.M.

BREAK TIME with VENDORS in EXHIBIT HALL

Plenary

Plenary Moderator— Cary S. Kaufman, MD, FACS

3:45 – 3:55 P.M.

Inspiration Award Presentation

Cary S. Kaufman, MD, FACS

3:55 – 4:45 P.M.

Nodal Evaluation: State of the Science

Michael Alvarado, MD

Axillary staging in breast cancer provides important information for both prognostic and therapeutic purposes. Sentinel lymph node mapping is used to determine regional lymph node involvement with less morbidity than complete lymph node dissection. Considerable debate exists within the medical community in regards to the role of sentinel lymph node biopsy in the neoadjuvant setting and the relevance of sentinel node micro metastases. The presentation will provide the audience with an understanding of these specific areas as well as the basic application of sentinel lymph node biopsy in the patient with breast cancer.

4:45 – 5:35 P.M.

Adjuvant Treatment: Where are We and Where are We Going?

Michael Danso, MD

Adjuvant therapy is a key component of breast cancer treatment. This presentation will detail the standard prognostic indicators used to determine risk of relapse/need for adjuvant therapy in order to provide healthcare providers with a better understanding of the role of genomic profiling to help predict the risk of relapse of breast cancer. Examples of patients who can forego the use of adjuvant chemotherapy will also be presented.

5:35 – 7:00 P.M.

SPECIAL RECEPTION with VENDORS in the EXHIBIT HALL

“Many of the subjects covered at the conference have helped us enormously in reaching the goal of opening our breast center. Having a dedicated group of breast care professionals involved in this conference has clearly improved the overall level of care that is provided. Even the ability to interact with the vendors has been beneficial!” — Heather Allen, NV



Plenary

7:00 – 7:45 A.M. **Breakfast, Conference Registration and Networking
Time to Visit Vendors and Posters on Display**

7:45 – 7:50 A.M. **Introduction** — *Don S. Dizon, MD, FACP*

7:50 – 8:00 A.M. **Oral Poster Presentations**
Don S. Dizon, MD, FACP

Plenary Moderator— *Don S. Dizon, MD, FACP*

8:00 – 8:55 A.M. **Modern Multi modality Imaging of Breast Cancer Subtypes**
László Tabár, MD, FACR (Hon) and Bruce Porter, MD, FACR

The development of modern breast imaging methods has resulted in a paradigm shift in our approach to diagnosing and treating breast cancer. Regular mammography screening can bring about a profound change in the spectrum of the disease since it shifts the balance of breast cancers from mainly palpable to mainly impalpable cases, most of which are still localized to the breast. Breast cancer is a heterogeneous disease, therefore a multi modality approach is required to correctly describe the nature and extent of the different subtypes of this complex disease. This lecture aims to demonstrate the capabilities and limitations of the different imaging methods with implications on therapy when performed properly.

8:55 – 9:45 A.M. **Current Challenges in Breast Surgery: Oncoplastic Techniques In Breast Surgery**
Maurice Nahabedian, MD, FACS

To review the current indications, techniques and controversies regarding oncoplastic surgery following BCT. The presentation will focus on clinical outcomes found in tissue rearrangement, breast reduction and use of flaps performed immediately or on a delayed basis.

9:45 – 10:35 A.M.

BREAK TIME with VENDORS in the EXHIBIT HALL

Plenary Moderator— *Lee Bronfman, RN, MA, CCRP*

10:35 – 11:05 A.M. **Screening Mammography: A Surgical Perspective**
Blake Cady, MD, FACS, MSHA

Great debate is occurring regarding the primary cause of declining breast cancer mortality; is it systemic therapy or screening? A 40% reduction in breast cancer mortality has occurred in Rhode Island, the state with the highest mammography screening rate. Long term results from population screening with mammography indicate that a greater than 50% mortality reduction has occurred in women actually screened, while the smaller proportion of women not screened have a mortality rate similar to that seen in the 1970s, prior to any screening. In Rhode Island, 75% of deaths from breast cancer occur in the 15% of the population not undergoing regular screening most of whom undergo systemic therapy. The rate of interval cancers is markedly lower in women screened yearly, and the size and nodal metastatic rate are extremely favorable. Therefore, it appears that screening is the leading cause of declining mortality. Our surgical challenges with breast cancer are markedly simplified in women regularly screening and adjuvant therapies can be markedly reduced. We should strongly urge women to have yearly mammography.

11:05 – 11:35 A.M. **Partial Breast Irradiation: A Paradigm Shift or Just Research**
Alphonse Taghian, MD, PhD

Partial breast irradiation (PBI) is currently an area of active interest in radiation oncology. PBI can be administered with brachytherapy or external beam radiation. The potential benefits for using external beam radiation include knowledge of all pathological data, decreased invasiveness of treatment and decreased risk of infection. One potential shortcoming of external beam photon PBI as compared to brachytherapy is a comparatively increased dose to the uninvolved breast tissue. In this course, we will present an overview on PBI which will include the rationale, a description of the various techniques with the advantages and disadvantages of each, the updated literature and the available randomized trials.

11:35 – 12:05 P.M. **Controversies in Breast Pathology**
Thomas J. Lawton, MD

This lecture will focus on three controversial areas in breast pathology:
1) lobular carcinoma in situ, with particular emphasis on pleomorphic lobular carcinoma in situ
2) papillary lesions, including controversies regarding "encysted" papillary carcinoma
3) the issue of "adequate" margins in surgical specimens

12:05 – 12:35 P.M. **Hardiness, Resiliency and Other Affairs of the Spirit**
Barbara Rabinowitz, PhD, MSW, RN

The environment in which we share ourselves as professionals does not always provide the greatest support for each of us as we seek to be the best we can, do the best we can and keep ourselves strong and healthy through the course. This session will address some of how we individuals can keep ourselves on task with our work while staying on target with our psychological hardiness as well as how, as managers, we can offer the best support toward these same ends to our teams.

12:35 – 2:25 P.M.

LUNCH TIME with VENDORS in the EXHIBIT HALL



Plenary (continued)

Plenary Moderator – Barbara Rabinowitz, PhD, MSW, RN

2:25 – 3:15 P.M. Issues Women Face After Treatment for Breast Cancer: A Focus on Health Risks and Survivorship

Bernadine M. Pinto, PhD and Patricia O'Brien, MD

Changing unhealthy behaviors such as sedentary lifestyle or smoking, among women treated for breast cancer may help to reduce cancer treatment sequelae, reduce risk for chronic disease, and possibly reduce risk of recurrence for specific types of cancer. This presentation will review data on the prevalence of some of these risk behaviors among breast cancer survivors and interventions to change risk behaviors after a cancer diagnosis.

Dr. O'Brien will review the physical and emotional challenges of long term survivorship after treatment of breast cancer. This will include lymphedema, fertility neurologic, pulmonary, and cardiac changes.

3:15 – 4:05 P.M. Building the Cancer Center Team to Obtain JCAHO Certification

Samir Khleif, MD

The foremost goal of a breast health provider should be to provide each patient with the highest level of care. In order to do so, caregivers must better understand the initial level of expertise and quality in a general hospital setting. Practical application concerning changes that are needed to implement high quality care will be discussed in order to give providers a better understanding of the approaches available that have been shown to be effective in improving quality.

4:05 – 4:55 P.M. The Radiologist and the Breast Surgeon: Is Co-Existence a Possibility/Necessity

William R. Poller, MD, FACR

Because of the increasing complexity of diagnosing both benign and malignant diseases of the breast, there must be a close working relationship between the surgeon, who decides the surgical approach, and the breast imager who uses many methods now available to diagnose breast abnormalities. The best approach today is the non-competitive multi-disciplinary model. Trust must be earned, not guaranteed. In the half hour allotted for this topic, the different models for trust and how it is established will be discussed, with particular emphasis on surgeon and radiologist working together in a breast center.

5:00 - 6:30 P.M.

**HANDS-ON SESSION - HORS D'OEUVRES with VENDORS
Update on New Biopsy/Surgical Devices**

Cary S. Kaufman, MD, FACS, Session Facilitator – Procedures to diagnose and treat the breast patient are constantly improving and changing. This session offers a description of the need followed by the tools (new and old) that fulfill the need. New biopsy devices, imaging devices, surgical aids, localization techniques will be discussed and demonstrated. This is a HANDS-ON session with personal instruction at each demonstration table.



*During the Hands-On Session
visit various workstations and interact with fellow peers
who will demonstrate equipment.*

BE SURE TO VISIT OUR VENDORS IN THE EXHIBIT HALL!

Sunday	Monday	Tuesday	Wednesday
12:00 – 2:00 P.M.	7:00 – 7:45 A.M.	7:00 – 7:45 A.M.	9:25 – 9:55 A.M.
	10:00 – 10:45 A.M.	9:45 – 10:35 A.M.	
	12:25 – 1:25 P.M.	12:25 – 2:25 P.M.	
	3:15 – 3:45 P.M.		
	5:35 – 7:00 P.M.		

Digital Track

7:15 – 7:30 A.M. **Course Overview**
Jay R. Parikh, MD, FRCP(c), CPE, FSBI

7:30 – 8:00 A.M. **FFDM—Different Technologies**
Elizabeth A. Rafferty, MD

Digital mammography has been shown to have potential advantages over screen–film mammography in certain patient populations. This course will describe the principles of digital mammographic acquisition and how it differs from analog acquisition. Different technical approaches to digital mammographic solutions will also be addressed. A review of the currently available digital technologies will be presented. Clinical performance of the technology will be summarized.

8:00 – 8:30 A.M. **Digital CR Mammography: Horse of a Different Color, But Still a Horse**
R. James Brenner, MD, JD, FACR, FCLM

The promise of full field digital mammography (FFDM) is applicable to both direct radiography (DR) and computed radiography (CR). Although the acquisition process is different—as it is among different DR units—the fundamental benefits including permanent image storage (e.g. no lost films), ability to interpret images from any venue, and digital acquisition and post-processing capabilities are applicable to all processes. With the results of the ACRIN-DMIST trial completed, a trial which included both DR and CR units—the introduction of both technologies which have been FDA approved for specific vendors invites a close consideration of the comparative advantages and disadvantages of different systems. Cost and patient throughput issues, as well as certain advanced platform technologies distinguish these different approaches.

8:30 – 9:00 A.M. **Digital Mammography Quality Control and Accreditation**
Jay Parikh, MD, FRCP(c), CPE, FSBI and Priscilla F. Butler, MS, FACR, FAAPM

Since 2003, the number of full–field digital mammography (FFDM) units in the United States has been increasing by about 4% per month. As of May 1, 2006, there were 1379 full–field digital mammography units at 977 MQSA–certified facilities in the United States. With the 2005 announcement that FFDM increased the effectiveness of detecting breast cancer in women with dense breasts (as well as pre–menopausal women and women under the age of 50), the rate of increase for digital units is expected to rise even more sharply. FFDM systems are subject to the Food and Drug Administration's mammography regulations, as are analog systems. This presentation will discuss the steps technologists must take to ensure that their facilities may expeditiously accredit their FFDM units. In addition, the presentation will cover preliminary QC recommendations made by the ACR's Subcommittee on Digital Mammography in preparation for their upcoming Digital Mammography FFDM Quality Control Manual.

9:00 – 9:30 A.M. **Transitioning from SFM to FFDM**
Margarita Zuley, MD

This lecture is intended to serve as a template to assist in the transition to the digital world. Methodology for assessing current analog equipment usage, infrastructure will be discussed. Digital equipment options and known limitations will be presented. Finally, participants will gain an understanding of the basic PACS, discovering workflow, display, storage, and retrieval options.

9:30 – 10:00 A.M. **Digital Mammography—Using Financial ProFormas as a Decision-Making Tool**
Greg Pilat, MBA

This presentation will discuss the general advantages and disadvantages of using a pro-forma. The need to understand “current” and “projected” workflow when adopting new technology will be emphasized. The concept of total cost ownership over the effective life of the equipment will be introduced and the financial considerations between flat panel detectors and CR Mammography technologies will be examined.

10:00 – 10:35 A.M. **BREAK TIME with VENDORS in the EXHIBIT HALL**

10:35 – 11:05 A.M. **Integrated Health Enterprise**
Margarita Zuley, MD

Integrated Health Enterprise (IHE) is a joint effort that began in 1998 to improve communication in complicated health systems. Since its inception, the IRE has developed a technical framework for this purpose. Digital mammography has been separated in part due to a lack of vendor communication. The IHE mammography subcommittee is breaking down those barriers. This lecture is intended to introduce the participant to the IHE organization and to teach them how to use DIE in their purchases of digital mammography equipment.

11:05 – 11:35 A.M. **Integrating Digital Mammography with PACS, Real World Issues and Considerations**
Michael A. Trambert, MD, MS

There are many considerations in choosing a digital mammography modality, and in setting up reading, distribution of images and reports, and archiving these large exams. These considerations include image scale, and the effect on image access, full resolution image navigation, and archive scale. The 3.5 year experience with fully integrated digital mammography with PACS will be shared. Evaluation of integrating digital mammography with PACS, versus the inefficiencies of duplicating the infrastructure, with a separate data island will be discussed. Access to prior film based exam options will be shared. Departmental efficiency with digital will be discussed, including the typical significant decrease in efficiency for the radiologist.

11:35 – 12:05 P.M. **Medical Legal Aspects of FFDM: Be Careful What You Wish For**
R. James Brenner, MD, JD, FACR, FCLM

The introduction of full field digital mammography (FFDM) by direct radiography (DR) or computed radiography (CR) into the marketplace is likely to increase following the ACRIN–DMIST trial results which involved both technologic approaches. The advantages of FFDM have been addressed elsewhere in this conference. Certain medical legal consequences attend this new technology, many of which apply to any form of mammographic image, digital or analogue. Some issues, however, may be particular to digital images based on the technology platforms. Quality control, once uniformly prescribed for all analogue images, is currently weighted toward individual manufacturer's approved specifications. Post processing capabilities that improve image presentation, but are balanced by efficiency requirements, may invite unusual retrospective scrutiny for cases where delayed diagnosis of cancer is alleged. Storage of data may also reflect preference rather than statutory guidelines under current circumstances. Understanding some of the distinguishing features of FFDM not only permits the potential for improved outcomes but also identifies potential areas of risk management considerations.

Digital Track *(continued)*

12:05 – 12:35 P.M. Full Field Digital Mammography: Operations Panel
Moderator: Jay R. Parikh, MD, FRCP(c), CPE, FSBI
Panelists: Elizabeth A. Rafferty, MD, R. James Brenner, MD, JD, FACR, FCLM, Priscilla F. Butler, MS, FACR, FAAPM, Margarita Zuley, MD, Greg Pilat, MBA, and Michael A. Trambert, MD, MS
 In this dynamic interactive session, panel members will share experiences regarding daily operational issues regarding the different technologies, digital QC, CR, economics, transitioning from film-screen and PACS integration. Audience members will be asked to share experiences and ask questions on these topics as well.

12:35 – 2:20 P.M. LUNCH TIME with VENDORS in EXHIBIT HALL

Track Moderator— Jay R. Parikh, MD, FRCP(c), CPE, FSBI

- 2:00 – 2:30 P.M. Mobile Digital Mammography**
Jay R. Parikh, MD, FRCP(c), CPE, FSBI and Paula S. Hallam, MD
 To help improve access to mammography, mobile SFM has been used over the past couple of decades. Studies have shown some improvement in attendance with this intervention. However, significant obstacles including cost, concerns over image quality, and non-compliance have been demonstrated. One of the most exciting advanced applications of FFDM is digital tele-mammography. This is enabled by soft-copy transfer of digital image information from one site to another. Mobile FFDM offers several potential advantages including the technologist being able to check images on-site, off-site radiologist supervision, on-line interpretation, and improved patient compliance for additional views. Operational barriers to widespread use of mobile FFDM include the complexity of the installation and implementation process, cost, and medico-legal risks.
- 2:30 – 3:00 P.M. Full Field Digital and CAD**
Rachel Brem, MD
 This presentation will review the development of Computer Aided Detection for the improved diagnosis of breast cancer, including the incremental improvement of cancer detection, the sensitivity and specificity and the methods of integration into clinical practice. With the increasing implementation of Full Field Digital Mammography, the ease of integrations into clinical environment will be demonstrated, as will advantages of CAD in both the analog and digital environment.
- 3:00 – 3:30 P.M. Contrast Enhanced Full Field Digital Mammography**
John Lewin, MD
 One potential application of full-field digital mammography is contrast-enhanced digital mammography. This technique involves the intravenous injection of a contrast agent to enhance breast cancers, allowing them to be demonstrated among surrounding tissue. Two techniques will be described: Temporal subtraction CEDM and Dual-energy CEDM. Results of pilot studies and example cases will be presented. Future opportunities and technical challenges will be described.
- 3:30 – 4:00 P.M. Digital Tomosynthesis**
Elizabeth A. Rafferty, MD
 This course will review the limitations of conventional mammography leading to decreased sensitivity and specificity. The technique of digital tomosynthesis, three-dimensional mammography, will be presented, highlighting its similarities to and differences from conventional mammography. Anticipated benefits of tomosynthesis will be discussed. Clinical data demonstrating the performance parameters of tomosynthesis will be reviewed. Future directions for the implementation of tomosynthesis will be presented.
- 4:00 – 4:30 P.M. Update on Clinical Trials of FFDM**
John Lewin, MD
 Digital mammography is technically superior to film mammography in many ways, but more limited in others. In order to test the clinical performance of digital mammography, clinical trials have been performed. The key question is the performance of digital for screening. To date four large screening trials have been reported – two in the US and two in Norway. These trials have shown varying results in the comparative performance of film and digital mammography. The largest and most recent trial, the ACRIN DMIST trial, however, did show a definite advantage to digital in some subgroups of patients.
- 4:30 – 5:00 P.M. Panel Discussion: Clinical Applications Digital**
Moderator: Jay R. Parikh, MD, FRCP(c), CPE, FSBI
Panelists: John Lewin, MD, Elizabeth A. Rafferty, MD, Paula S. Hallam, MD and Rachel Brem, MD
 In this dynamic interactive session, panel members will share experiences regarding clinical trials and advanced applications of FFDM. Audience members will be asked to share experiences and ask questions on these topics as well.
- 5:00 – 5:30 P.M. Digital Mammography Workflow, Including New Solutions and Reading Paradigms**
Michael A. Trambert, MD, MS
 Typical digital workflow will be contrasted with a more optimized fully integrated paradigm, that should recapture radiologist efficiency, and improve administrative efficiency. New reading paradigms will be discussed and contrasted with conventional methods, in regard to radiologist efficiency, and potential benefits to sensitivity and accuracy. The benefits of integrated reporting, including template BIRADS reports, will be reviewed.

5:30 - 6:30 P.M. HANDS-ON SESSION - HORS D'OEUVRES with VENDORS
Digital Mammography Device Workstations with Demonstrations

Yuri R. Parisky, MD, Session Facilitator -- Multiple vendors will demonstrate the attributes of their digital mammography workstations in a casual atmosphere. Conference attendees will be able to circulate around the room to the workstations, compare features, mingle with other users and ask the questions that need to be asked of the vendors.

Plenary

7:00 A.M. **Breakfast**

7:30 – 7:45 A.M. **Opening Comments and General Membership Meeting**

Jay R. Parikh, MD, FRCP(c), CPE, FSBI and Kevin S. Hughes, MD, FACS

Plenary Moderator—Jay R. Parikh, MD, FRCP(c), CPE, FSBI

7:45 – 8:35 A.M. **Current Best Indications For Breast MR**

Bruce Porter, MD, FACR

Over the past 15 years the technical advances in breast MR have not yet resulted in routine clinical application. Current equipment capability and an increasing number of radiologists familiar with breast MR has made this a must-have and more common exam in most major breast centers. However, when to do this powerful study is still often not clear to practicing physicians and to some radiologists. This talk summarizes our 15 year clinical experience with breast MR and focuses on the most useful clinical applications for day-to-day practice.

8:35 – 9:25 A.M. **Histologic – Mammographic Correlation of Benign and Malignant Breast Diseases**

László Tabár, MD, FACR (Hon)

The regular use of high quality mammography examination performed at sufficiently frequent intervals has brought about a new dimension to the traditional interaction between pathologists and radiologists. The mammographic, ultrasound and MRI examination of the breast provides an excellent overview of the whole breast, showing the relative proportions of all the different tissues within the breast. The conventional microscopic examination of breast specimens employs a resolution far superior to that of the mammogram, but only the tissue contained within the 4 micron thick tissue specimen obtained from a small paraffin block is examined. Progress in histologic–mammographic correlation can be best made by examining a histology specimen at greater length, width and depth. The sub-gross, 3-D histology technique serves to bridge the gap that separates the pathologist and radiologist, bringing them to a common ground for a better understanding of breast morphology. Combining the large section (10x8 cm) histology technique with the sub-gross, 3-D method makes a precise correlation with the imaging methods possible. This comprehensive correlative approach helps the screening radiologist learn how to better select cases for further workup. These improvements in communication between the members of the diagnostic team will serve to optimize the sensitivity and specificity of breast cancer diagnosis. Large section histology provides a better way to compare histology with mammography, breast ultrasound and MRI images of the breast, furnishing continuous feedback to the radiologist and accelerating the learning curve, improving and diagnosis and interdisciplinary communication. The end result is better patient care through more appropriate treatment planning with fewer recurrences.

9:25 – 9:55 A.M. **BREAK TIME with VENDORS in the EXHIBIT HALL —Last Time with Vendors**

Plenary Moderator— Don S. Dizon, MD, FACP

9:55 – 11:15 A.M. **Interesting Patients, Their Images and Pathology: Multi-Disciplinary Case Management**

Moderator: Yuri R. Parisky, MD

Panelists: Kevin S. Hughes, MD, FACS, Don S. Dizon, MD, FACP, Jay R. Parikh, MD, FRCP(c), CPE, FSBI, Barbara Rabinowitz, PhD, MSW, RN, Lillie Shockney, RN, BS, MAS, and Alphonse Taghian, MD, PhD

The complexity of breast cancer requires the active participation of a number of specialists. Each step in the diagnosis and treatment is so dependent on thoughtful management scheme, involving radiologists, surgeons, pathologists, medical and radiation oncologists. Nursing, social services, and genetic counseling provide valuable support services. The importance of a multi-disciplinary approach will be demonstrated in the presentation of cases which detail the step by step management—from the abnormal physical finding or imaging study, to diagnosis, treatment and follow-up.

11:15 – 12:05 P.M. **Quality: Today and Beyond**

Cary S. Kaufman, MD, FACS

Breast Center Quality Assessment Has Already Started—Look Who's Looking

Many forces joined together to mandate quality assessment of breast care across the country. Fourteen organizations joined together to establish the National Approvals Program for Breast Care (NAPBC). This group is focused in the breast cancer patient treated by hospitals and free-standing centers. In addition, other organizations including NCBC are establishing on-line quality assessment tools. We'll look at the major programs for 2007.

"We're A Quality Breast Center, Aren't We?" —Defining Service Components

Many centers call themselves comprehensive breast centers. What really constitutes a comprehensive breast center? Before one can determine whether they provide quality breast care, we must define the components of breast centers. An objective definition of breast centers is suggested based on service components. The issue of referred services to providers outside the breast center challenges the ability to assess quality care.

12:05 – 12:35 P.M. **NCBC Quality Initiative – our progress toward improving quality of care nationally**

Lillie Shockney, RN, BS, MAS

Mrs. Shockney who chairs the NCBC Quality Initiative Task Force will provide an update on the progress that has been made since the inception of the Quality Initiative. This information will include the indicators that have been selected for measuring quality, data base development for tracking and reporting data, and some of the lessons learned from this initiative to date. It also will include an update on how the information can be used within your own breast center for benchmarking with other centers as well as work being done with other health care organizations also focusing on quality of care.

12:35 – 1:05 P.M. **Evolution Of The Breast Center Team**

Gayle Jago, RT(R)(M)

Will examine the process of moving from a single department structure to working as an Interdisciplinary Team. Discuss the starting points and goals to appear seamless to our patients. Will share how to determine where your communications can break down and then the steps taken to improve the quality of care given to our patients. Will give examples of documents and protocols that help to improve documentation and communication between individual team members.

1:05 P.M. **Conference Ends**

2:00 – 6:00 P.M. **Post Conference BSE COURSE—Breast Self Examination Trainer Certification Course**